PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2000									10 091768892					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								L EI	YTITY	OR	OTHER			
TOTAL CLAIMS			15				RA	É	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	35 5.00	OR	Basic Fee	710.00		
TOTAL CHARGEABLE CLAIMS			15 minus 20=		•		X\$	9=		OR	X\$18=	:		
INDEPENDENT CLAIMS			4 mir	nus 3 =	• 1		X4)=		OR	X80=	80		
MULTIPLE DEPENDENT CLAIM P			RESENT				+13	 5=		OR	+270=	<u> </u>		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOT		t)	OR	TOTAL	790			
CLAIMS AS AMENDED - PART II									tie		OTHER	THAN		
2	(Column 1) (Column 2) (Column 3)							LL	NTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE :		
	Total	. 15	Minus	J	0	= Ø	X \$	9=		OR	X\$18=	1.		
ME	Independent	. 4	Minus	L	1	= ()	X40)=		OR	X80=	1.0		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /						+13	 5=		OR	+270=			
								ĴΪΑ	15.	00	TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)							FE.	The state of the s					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PRÉVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RA-	TE	ADDI- FIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 13	Minus	** 6	20	= 4	X\$	9=	_ :	OR	X\$18=			
	Independent	. 4	Minus	***	+	<u> - Ψ</u>	X 40)		OR	X80=			
	FIRST PRESE	JLTIPLE DEPENDEN		CLAIM		+13	5=		OR	+270=				
							T(j Trail		OR	TOTAL ADDIT. FEE			
		(Column 1)			mn 2)	(Column 3)		1	*		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	900	NUN PREVI	HEST MBER MOUSLY FOR	PRESENT EXTRA	RA	ΓĽ	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
Ş	Total	•	Minus	••		=	X\$	9 ÷		OR	X\$18=			
ME	Independent	•	Minus	•••	T 0/ 1/1	=	X4	-) <u>=</u>		OR	X80=			
F	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIN		+13	— 5=	- * - * *	OR	+270=			
	If the entry in colu	mn 1 is less than	the entry in colu	ımn 2, wri	te "0" in co	olumn 3.	_ <u> </u>) T		Į.	TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the separate box in column 1.												<u></u>		

FORM PTO-875 (Rev. 8/00)